SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Filing at a Glance

Companies: Cypress Insurance Company, Cornhusker Casualty Company

Product Name: Workers Compensation	SERFF Tr Num: CORN-125656276	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #5631 $50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: ARWC07012008	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Keith Engelbrecht	Disposition Date: 05/30/2008
	Date Submitted: 05/23/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Arkansas	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Inc. (N.C.C.I.)	Reference Number: N.C.C.I. Item #AR-2008-02
Reference Title: Voluntary Advisory Loss Costs and Rating Values - Effective July 1, 2008	Advisory Org. Circular: AR-2008-02
Filing Status Changed: 05/30/2008	
State Status Changed: 05/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Cypress and Cornhusker are adopting the recently approved loss costs and associated rating values, effective 7/1/08.

Company and Contact

Filing Contact Information

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Keith Engelbrecht,   kengelbrecht@bhhc-wc.com

50 California Street   (800) 495-8949 [Phone]

San Francisco, CA 94111

Filing Company Information

Cypress Insurance Company	CoCode: 10855	State of Domicile: California
1725 Windward Concourse	Group Code: 31	Company Type: P & C
Suite 200		
Alpharetta, GA 30005	Group Name: BHHC	State ID Number:
(678) 366-1292 ext. [Phone]	FEIN Number: 95-6042929	

Cornhusker Casualty Company	CoCode: 20044	State of Domicile: Nebraska
9290 W Dodge Rpad	Group Code: 31	Company Type: P & C
Suite 300		
Omaha, NE 68114	Group Name: BHHC	State ID Number:
(402) 393-7255 ext. [Phone]	FEIN Number: 47-0529945	

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Filing Fees

Fee Required?   Yes

Fee Amount: $50.00

Retaliatory?   No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5631	$50.00	05/22/2008

SERFF Tracking Number:	CORN-125656276	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#5631 $50
Company Tracking Number:	ARWC07012008		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Arkansas/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/30/2008	05/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	05/29/2008	05/29/2008	Keith Engelbrecht	05/29/2008	05/29/2008
Pending Industry Response	Carol Stiffler	05/27/2008	05/27/2008	Keith Engelbrecht	05/28/2008	05/28/2008

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Disposition

Disposition Date: 05/30/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Cypress Insurance Company	-12.800%	$-575,860	417	$4,600,000	14.000%	-42.000%	-12.800%
Cornhusker Casualty Company	-12.800%	$0	0	$0	14.000%	-42.000%	-12.800%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-12.800%
Overall Percentage Rate Impact For This Filing	-12.800%
Effect of Rate Filing-Written Premium Change For This Program	$-575,860
Effect of Rate Filing - Number of Policyholders Affected	417

SERFF Tracking Number:	CORN-125656276	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#5631 $50
Company Tracking Number:	ARWC07012008		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Arkansas/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Revised RF-WC Forms	Approved	Yes
Rate	7.1.08 AR WC - Cypress Rate and Misc Values Pages	Approved	Yes
Rate	7.1.08 AR WC - Cornhusker Rate and Misc Vals Pages	Approved	Yes
Rate	7.1.08 AR WC - Cypress RF-WC Form	Approved	Yes
Rate	7.1.08 AR WC - Cornhusker RF-WC Form	Approved	Yes
Rate	7.1.08 AR WC - Filing Memo	Approved	Yes

SERFF Tracking Number:	CORN-125656276	*State:*	Arkansas
First Filing Company:	Cypress Insurance Company, ...	*State Tracking Number:*	#5631 $50
Company Tracking Number:	ARWC07012008		
TOI:	16.0 Workers Compensation	*Sub-TOI:*	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Arkansas/		

Objection Letter

Objection Letter Status   Pending Industry Response

Objection Letter Date   05/29/2008

Submitted Date   05/29/2008

Respond By Date

Dear Keith Engelbrecht,

   I received the updated RF-WC for Cypress showing the 2 loss cost multipliers. Does Cornhusker also have 2 loss cost mulpliers?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status   Submitted to State

Response Letter Date   05/29/2008

Submitted Date   05/29/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: We are not filing seperate loss cost multipliers in Cornhusker Casualty. Currently, we write very little if any business in this company.

Changed Items:

    No Supporting Documents changed.

    No Form Schedule items changed.

    No Rate/Rule Schedule items changed.

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*	
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*	
Company Tracking Number:	*ARWC07012008*			
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*	
Product Name:	*Workers Compensation*			
Project Name/Number:	*Arkansas/*			

Sincerely,

Keith Engelbrecht

SERFF Tracking Number:	CORN-125656276	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#5631 $50
Company Tracking Number:	ARWC07012008		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Arkansas/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/27/2008
Submitted Date	05/27/2008
Respond By Date	

Dear Keith Engelbrecht,

This will acknowledge receipt of the captioned filing.

Objection 1
- 7.1.08 AR WC - Cypress RF-WC Form (Rate)
- 7.1.08 AR WC - Cornhusker RF-WC Form (Rate)
- 7.1.08 AR WC - Filing Memo (Rate)

Comment: In paragraph #4 of the Filing Memorandum Loss Cost Modification Factor you state that you will use a different loss cost modification for class 2701/7228 . I don't see anything showing a loss cost multiplier (LCM) for those 2 class codes. Form RF-WC Question 1 states that the filing applies to all class codes. If you are going to use different loss cost modifiers for different class codes, you must file a different loss cost multiplier for those codes, 2701/7228.

Please feel free to contact me if you have questions.
Sincerely,
Carol Stiffler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/28/2008
Submitted Date	05/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol,

I have attached an updated RF-WC form (page 2) for all classes except class codes 2701 and 7228. For these two classes, I have attached separate RF-WC forms (page 2) showing the revised LCMs that include the +15% loss cost

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

surcharge per the Filing Memo included with the original filing documents.

Regards,

Keith

Related Objection 1

   Applies To:

   -    7.1.08 AR WC - Cypress RF-WC Form (Rate)

   -    7.1.08 AR WC - Cornhusker RF-WC Form (Rate)

   -    7.1.08 AR WC - Filing Memo (Rate)

   Comment:

   In paragraph #4 of the Filing Memorandum Loss Cost Modification Factor you state that you will use a different loss cost modification for class 2701/7228 . I don't see anything showing a loss cost multiplier (LCM) for those 2 class codes. Form RF-WC Question 1 states that the filing applies to all class codes. If you are going to use different loss cost modifiers for different class codes, you must file a different loss cost multiplier for those codes, 2701/7228.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Revised RF-WC Forms

Comment: See attachment

   No Form Schedule items changed.

   No Rate/Rule Schedule items changed.

Sincerely,

Keith Engelbrecht

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Rate Information

Rate data applies to filing.

Filing Method:	Prior approval with 30-day waiting period
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	2.700%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	Prior approval with 30-day waiting period

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Cypress Insurance Company	-12.800%	-12.800%	$-575,860	417	$4,600,000	14.000%	-42.000%
Cornhusker Casualty Company	-12.800%	-12.800%	$0	0	$0	14.000%	-42.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	-12.800%

Created by SERFF on 05/30/2008 02:35 PM

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Overall Percentage Rate Impact For This Filing: -12.800%

Effect of Rate Filing - Written Premium Change For This Program: $-575,860

Effect of Rate Filing - Number of Policyholders Affected: 417

SERFF Tracking Number:	CORN-125656276	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#5631 $50
Company Tracking Number:	ARWC07012008		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Arkansas/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	7.1.08 AR WC - Cypress Rate and Misc Values Pages	Pages 1 thru 6	Replacement		7.1.08 AR WC - Cypress Rate and MV Pages.pdf
Approved	7.1.08 AR WC - Cornhusker Rate and Misc Vals Pages	Pages 1 thru 6	Replacement		7.1.08 AR WC - Cornhusker Rate and MV Pages.pdf
Approved	7.1.08 AR WC - Cypress RF-WC Form		Replacement		7.1.08 AR WC - Cypress RF-WC Form.pdf
Approved	7.1.08 AR WC - Cornhusker RF-WC Form		Replacement		7.1.08 AR WC - Cornhusker RF-WC Form.pdf
Approved	7.1.08 AR WC - Filing Memo		Replacement		7.1.08 AR WC - Filing Memo.pdf

Cypress Insurance Company
Workers' Compensation Manual Rates
Effective July 1, 2008

Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.
5	4.85	750	2003	2.55	524	2702	22.79	750	3224	1.85	430
8	1.98	447	2014	4.80	750	2710	6.64	750	3227	1.38	366
16	4.25	750	2016	1.50	383	2714	3.15	605	3240	2.29	489
34	3.26	620	2021	2.51	519	2719	8.36	750	3241	2.13	468
35	1.95	443	2039	3.36	634	2731	2.80	558	3255	1.76	418
36	3.10	599	2041	3.23	616	2735	1.96	445	3257	2.58	528
37	3.50	653	2065	1.21	343	2759	6.39	750	3270	2.44	509
42	4.83	750	2070	4.13	738	2790	1.18	339	3300	3.38	636
50	3.93	711	2081	2.91	573	2802	3.98	717	3303	2.89	570
59	0.23	211	2089	1.91	438	2812	2.79	557	3307	2.54	523
65	0.04	185	2095	2.06	458	2835	1.21	343	3315	1.99	449
66	0.04	185	2105	1.84	428	2836	1.70	410	3334	1.61	397
67	0.04	185	2110	1.61	397	2841	2.81	559	3336	1.66	404
79	3.20	612	2111	1.90	437	2881	1.90	437	3365	7.73	750
83	7.38	750	2112	2.05	457	2883	3.09	597	3372	2.15	470
106	8.63	750	2114	2.03	454	2913	3.09	597	3373	2.19	476
113	4.33	750	2121	1.69	408	2915	3.21	613	3383	0.81	289
170	1.86	431	2130	2.11	465	2916	1.76	418	3385	0.66	269
251	3.81	694	2131	1.43	373	2923	1.81	424	3400	2.05	457
400	6.10	750	2143	1.65	403	2942	1.78	420	3507	2.34	496
401	8.33	750	2157	3.06	593	2960	2.44	509	3515	1.65	403
771	0.23	211	2172	1.19	341	3004	2.08	461	3548	1.03	319
908	107.50	750	2174	2.21	478	3018	1.94	442	3559	1.96	445
913	265.00	750	2211	4.14	739	3022	2.40	504	3574	0.85	295
917	2.96	580	2220	1.48	380	3027	2.03	454	3581	1.09	327
1005	8.34	750	2286	1.08	326	3028	1.75	416	3612	1.66	404
1016	31.11	750	2288	3.05	592	3030	3.04	590	3620	4.39	750
1164	5.39	750	2300	1.61	397	3040	2.81	559	3629	1.48	380
1165	3.55	659	2302	1.29	354	3041	2.51	519	3632	3.03	589
1320	2.21	478	2305	1.61	397	3042	2.40	504	3634	1.29	354
1322	11.88	750	2361	0.91	303	3064	3.48	650	3635	1.56	391
1430	3.28	623	2362	1.33	360	3069	5.96	750	3638	1.11	330
1438	1.84	428	2380	3.41	640	3076	2.24	482	3642	0.64	266
1452	1.28	353	2386	0.85	295	3081	2.18	474	3643	2.24	482
1463	8.80	750	2388	1.45	376	3082	2.94	577	3647	2.54	523
1472	3.06	593	2402	1.63	400	3085	2.45	511	3648	1.63	400
1624	5.74	750	2413	1.28	353	3110	2.15	470	3681	1.18	339
1642	3.09	597	2416	1.26	350	3111	2.25	484	3685	1.35	362
1654	4.74	750	2417	1.19	341	3113	1.78	420	3719	1.98	447
1655	3.74	685	2501	1.03	319	3114	1.98	447	3724	5.14	750
1699	1.51	384	2503	1.01	316	3118	0.91	303	3726	2.29	489
1701	2.34	496	2534	1.63	400	3119	0.83	292	3803	1.44	374
1710	4.63	750	2570	3.74	685	3122	1.14	334	3807	1.59	395
1741	1.40	369	2585	2.34	496	3126	1.30	356	3808	2.08	461
1745	2.26	485	2586	1.00	315	3131	0.79	287	3821	3.13	603
1747	1.98	447	2587	2.19	476	3132	1.86	431	3822	2.74	550
1748	5.64	750	2589	1.09	327	3145	1.80	423	3824	3.66	674
1803	4.05	727	2600	4.83	750	3146	2.08	461	3826	0.66	269
1852	1.88	434	2623	2.13	468	3169	1.85	430	3827	1.19	341
1853	1.75	416	2651	1.99	449	3175	2.15	470	3830	0.85	295
1860	1.48	380	2660	1.10	329	3179	1.81	424	3851	2.00	450
1924	3.20	612	2670	1.74	415	3180	1.35	362	3865	0.96	310
1925	2.21	478	2683	1.49	381	3188	1.15	335	3881	2.66	539
2001	1.80	423	2688	2.30	491	3220	1.43	373	4000	5.46	750
2002	2.26	485	2701	6.43	750	3223	2.26	485	4021	4.48	750

Cypress Insurance Company
Workers' Compensation Manual Rates
Effective July 1, 2008

Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.
4024	1.68	407	4635	3.74	685	5506	3.00	585	7038	4.65	750
4034	5.25	750	4653	0.98	312	5507	4.51	750	7046	20.45	750
4036	1.90	437	4665	5.06	750	5508	7.61	750	7047	6.60	750
4038	1.64	401	4670	2.90	572	5535	5.96	750	7050	8.31	750
4053	2.60	531	4683	3.70	680	5537	3.94	712	7090	5.16	750
4061	3.20	612	4686	0.96	310	5551	11.45	750	7098	22.73	750
4062	1.74	415	4692	0.36	229	5606	1.36	364	7099	36.61	750
4101	1.51	384	4693	0.70	275	5610	4.46	750	7133	2.81	559
4111	2.31	492	4703	1.83	427	5645	9.11	750	7151	3.41	640
4112	0.71	276	4717	1.35	362	5651	6.76	750	7152	6.11	750
4113	1.00	315	4720	3.95	713	5703	73.70	750	7153	3.80	693
4114	1.68	407	4740	1.16	337	5705	4.31	750	7222	7.88	750
4130	3.44	644	4741	1.33	360	5951	0.33	225	7228	6.43	750
4131	1.84	428	4751	1.13	333	6003	8.08	750	7229	5.86	750
4133	1.81	424	4771	1.29	354	6005	6.14	750	7230	3.30	626
4150	1.26	350	4777	1.31	357	6017	3.15	605	7231	4.38	750
4206	2.78	555	4825	0.68	272	6018	1.71	411	7232	10.33	750
4207	0.76	283	4828	1.26	350	6045	1.99	449	7309	18.43	750
4239	0.96	310	4829	0.91	303	6204	8.04	750	7313	5.23	750
4240	1.86	431	4902	1.01	316	6206	5.10	750	7317	8.26	750
4243	1.26	350	4923	0.84	293	6213	6.71	750	7327	24.39	750
4244	2.24	482	5020	5.56	750	6214	2.26	485	7333	4.43	750
4250	1.13	333	5022	4.00	720	6216	5.23	750	7335	4.91	750
4251	1.34	361	5037	15.69	750	6217	4.09	732	7337	7.91	750
4263	1.66	404	5040	21.04	750	6229	4.05	727	7350	15.90	750
4273	1.45	376	5057	15.05	750	6233	4.41	750	7360	5.70	750
4279	1.36	364	5059	17.88	750	6235	11.74	750	7370	4.03	724
4282	1.60	396	5069	22.58	750	6236	9.66	750	7380	2.78	555
4283	1.49	381	5102	3.31	627	6237	2.48	515	7382	2.29	489
4299	1.33	360	5146	4.05	727	6251	6.44	750	7390	2.96	580
4304	2.09	462	5160	2.86	566	6252	4.81	750	7394	8.98	750
4307	1.66	404	5183	2.84	563	6260	4.25	750	7395	9.98	750
4351	0.86	296	5188	3.63	670	6306	4.58	750	7398	16.08	750
4352	0.76	283	5190	2.60	531	6319	4.46	750	7403	2.38	501
4360	0.69	273	5191	1.50	383	6325	3.73	684	7405	0.94	307
4361	1.00	315	5192	3.24	617	6400	5.59	750	7420	20.58	750
4362	0.88	299	5213	5.71	750	6504	1.93	441	7421	2.18	474
4410	2.43	508	5215	3.41	640	6702	6.20	750	7422	1.84	428
4420	2.93	576	5221	4.20	747	6703	11.09	750	7425	3.40	639
4431	1.13	333	5222	9.70	750	6704	6.89	750	7431	1.39	368
4432	1.21	343	5223	4.28	750	6801	9.45	750	7445	0.50	248
4439	1.28	353	5348	3.31	627	6811	4.15	740	7453	0.75	281
4452	2.46	512	5402	3.68	677	6824	27.21	750	7502	2.04	455
4459	1.41	370	5403	7.60	750	6826	10.44	750	7515	0.88	299
4470	1.80	423	5437	3.60	666	6834	2.94	577	7520	1.85	430
4484	1.58	393	5443	3.26	620	6836	4.79	750	7538	8.29	750
4493	1.91	438	5445	4.09	732	6843	12.15	750	7539	3.55	659
4511	0.56	256	5462	4.31	750	6845	18.44	750	7540	2.33	495
4557	1.29	354	5472	3.93	711	6854	4.15	740	7580	1.54	388
4558	1.25	349	5473	5.38	750	6872	15.84	750	7590	4.25	750
4561	1.50	383	5474	5.90	750	6874	32.40	750	7600	2.14	469
4568	1.96	445	5478	3.59	665	6882	4.15	740	7601	9.64	750
4581	1.31	357	5479	6.35	750	6884	9.38	750	7605	2.69	543
4583	4.01	721	5480	6.43	750	7016	3.69	678	7610	0.44	239
4611	0.73	279	5491	1.66	404	7024	4.10	734	7611	4.31	750

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Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.
7612	9.61	750	8385	1.98	447	9083	1.33	360			
7613	3.84	698	8392	2.46	512	9084	1.54	388			
7705	2.11	465	8393	1.40	369	9089	0.94	307			
7710	4.74	750	8500	5.20	750	9093	1.15	335			
7711	4.74	750	8601	0.68	272	9101	2.48	515			
7720	2.11	465	8606	2.29	489	9102	2.39	503			
7855	5.10	750	8709	6.55	750	9154	1.59	395			
8001	1.83	427	8719	1.54	388	9156	1.08	326			
8002	2.66	539	8720	1.11	330	9170	2.28	488			
8006	1.59	395	8721	0.33	225	9178	21.48	750			
8008	1.00	315	8726	7.51	750	9179	29.46	750			
8010	1.55	389	8734	0.53	252	9180	3.04	590			
8013	0.40	234	8737	0.48	245	9182	2.21	478			
8015	0.53	252	8738	0.84	293	9186	43.64	750			
8017	0.96	310	8742	0.39	233	9220	2.79	557			
8018	2.06	458	8745	3.75	686	9402	3.53	657			
8021	1.53	387	8748	0.34	226	9403	4.69	750			
8031	3.18	609	8755	0.21	208	9410	1.44	374			
8032	1.30	356	8799	0.79	287	9501	3.60	666			
8033	1.55	389	8800	0.79	287	9505	3.13	603			
8039	1.13	333	8803	0.06	188	9516	2.66	539			
8044	2.26	485	8805	0.28	218	9519	1.50	383			
8045	0.34	226	8810	0.20	207	9521	4.34	750			
8046	2.19	476	8814	0.24	212	9522	1.29	354			
8047	0.88	299	8815	0.44	239	9534	5.73	750			
8058	2.25	484	8820	0.18	204	9554	6.08	750			
8072	0.66	269	8824	2.03	454	9586	0.54	253			
8102	2.08	461	8825	1.73	414	9600	1.34	361			
8103	3.06	593	8826	1.83	427	9620	1.09	327			
8105	3.96	715	8829	2.20	477						
8106	3.14	604	8831	2.15	470						
8107	2.68	542	8832	0.23	211						
8111	3.09	597	8833	0.74	280						
8116	3.44	644	8835	1.61	397						
8203	4.51	750	8842	1.20	342						
8204	3.91	708	8864	1.20	342						
8209	2.45	511	8868	0.31	222						
8215	4.70	750	8869	0.60	261						
8227	2.56	526	8871	0.19	206						
8232	5.16	750	8901	0.21	208						
8233	4.20	747	9012	1.59	395						
8235	3.39	638	9014	2.28	488						
8263	7.65	750	9015	1.98	447						
8264	2.76	553	9016	5.10	750						
8265	7.61	750	9019	2.43	508						
8279	7.31	750	9033	1.61	397						
8288	4.93	750	9040	2.89	570						
8291	1.71	411	9052	1.28	353						
8292	2.44	509	9058	1.46	377						
8293	5.61	750	9059	2.26	485						
8295	6.14	750	9060	1.49	381						
8304	5.65	750	9061	1.14	334						
8350	4.65	750	9063	0.81	289						
8380	2.91	573	9077	3.48	650						
8381	1.23	346	9082	1.31	357						

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The rates for Cypress Insurance Company are a combination of the current NCCI Advisory Loss Costs and the loss cost multiplier. The Cypress Insurance Company Miscellaneous Values are also shown below.

Loss Cost Multiplier
Use the following loss cost multiplier to convert NCCI's advisory loss costs into rates or premiums.

Coverage	Loss Cost Multiplier
Workers' Compensation	1.250

Multiply the Loss Cost Multiplier by the advisory loss cost or pure premium shown on the current NCCI Advisory Loss Costs page for Arkansas. Round the resulting rate or premium to the same number of places as the original loss cost or pure premium shown in the manual. After conversion to a rate or premium, all other rules and factors described in the manual are to be applied as described in the manual.

Expense Constant
Applicable in accordance with Basic Manual Rule VI-E-2 $180.00

Minimum Premiums
To develop the minimum premium for any classification, use the following procedure.

NCCI Advisory Loss Cost	X	Loss Cost Multiplier	X	Minimum Premium Multiplier	+	Expense Constant	=	Minimum Premium

The Minimum Premium Multiplier is the Arkansas Average Annual Wage (00):   135
The Minimum Premium Multiplier for the Per Capita Classes (0908 0909 0912 0913) is: 1
The maximum Minimum Premium is: $750.00
Apply minimum premiums in accordance with Basic Manual Rule VI-F.

Premium Discount Plan
Apply the following premium discounts to Standard Premium in accordance with Basic Manual Rule VII.

First	$5,000	0.0%
Next	$95,000	10.9%
Next	$400,000	12.6%
Over	$500,000	14.4%

Waiver of Premium Rule
Applicable in accordance with NCCI Experience Rating Plan Manual Appendix.

Schedule Rating
See page 5.

Small Deductible Premium Credit Table
Premium credits are shown on page 6.

Foreign Terrorism
The premium charge for Foreign Terrorism is   0.0250 per $100 of payroll

Domestic Terrorism, Earthquake and Catastrophic Industrial Accident Charge
The premium charge for D.T.E.C is   0.0125 per $100 of payroll

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1. The premium for a risk may be modified in accordance with the list below to reflect such characteristics of the risk that are not reflected in its experience.

2. The amount of schedule credit or debit shall be applied to an experience-rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.

3. This program is not applicable to residual market policyholders covered under the Workers' Compensation Insurance Plan.

Premium Size Eligibility: A policy of any premium size can qualify for schedule rating.

Range of Modification:		Credit	to	Debit
A.	Premises, Conditions, Care	10%	to	10%
B.	Classification Peculiarities	10%	to	10%
C.	Medical Facilities	5%	to	5%
D.	Safety Devices	5%	to	5%
E.	Employees - selection, training, supervision	10%	to	10%
F.	Management			
	- Cooperation with insurer	5%	to	5%
	- Safety organization	5%	to	5%
Maximum Modification:		25%	to	25%

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Advisory Loss Elimination Ratios
(applicable to total losses)

Deductible	A	B	C	D	E	F	G
$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Formula for Deductible Credit:	$1.000 - \dfrac{(1-kf)E + a + n}{E + a + n}$	
k = Loss Elimination Ratio		
f = Safety Coefficient =		0.700
n = Fixed Expense Provision =		0.020
a = Loss Adjustment Expense =		0.115
E = Expected Loss Ratio =		0.600

Premium Credits

Deductible	A	B	C	D	E	F	G
$1,000	7.4%	5.9%	5.1%	4.2%	3.5%	2.5%	1.8%
$1,500	9.1%	7.3%	6.2%	5.3%	4.5%	3.1%	2.3%
$2,000	10.3%	8.4%	7.2%	6.1%	5.2%	3.7%	2.8%
$2,500	11.5%	9.3%	8.1%	6.9%	5.8%	4.2%	3.2%
$3,000	12.5%	10.2%	8.8%	7.5%	6.5%	4.7%	3.5%
$3,500	13.4%	10.9%	9.5%	8.2%	7.0%	5.1%	3.9%
$4,000	14.2%	11.6%	10.2%	8.8%	7.5%	5.5%	4.2%
$4,500	15.0%	12.3%	10.7%	9.3%	8.0%	5.9%	4.5%
$5,000	15.7%	12.9%	11.3%	9.9%	8.5%	6.3%	4.8%

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Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.	Code No.	Manual Rate	Min. Prem.
5	5.43	750	2003	2.86	566	2702	25.52	750	3224	2.07	459
8	2.21	478	2014	5.38	750	2710	7.43	750	3227	1.54	388
16	4.76	750	2016	1.68	407	2714	3.53	657	3240	2.56	526
34	3.65	673	2021	2.81	559	2719	9.37	750	3241	2.38	501
35	2.18	474	2039	3.77	689	2731	3.14	604	3255	1.97	446
36	3.47	648	2041	3.61	667	2735	2.20	477	3257	2.88	569
37	3.92	709	2065	1.36	364	2759	7.15	750	3270	2.73	549
42	5.40	750	2070	4.62	750	2790	1.32	358	3300	3.78	690
50	4.40	750	2081	3.26	620	2802	4.45	750	3303	3.23	616
59	0.25	214	2089	2.14	469	2812	3.12	601	3307	2.84	563
65	0.04	185	2095	2.31	492	2835	1.36	364	3315	2.23	481
66	0.04	185	2105	2.06	458	2836	1.90	437	3334	1.81	424
67	0.04	185	2110	1.81	424	2841	3.15	605	3336	1.86	431
79	3.58	663	2111	2.13	468	2881	2.13	468	3365	8.65	750
83	8.26	750	2112	2.30	491	2883	3.46	647	3372	2.41	505
106	9.66	750	2114	2.27	486	2913	3.46	647	3373	2.45	511
113	4.84	750	2121	1.89	435	2915	3.60	666	3383	0.91	303
170	2.09	462	2130	2.37	500	2916	1.97	446	3385	0.74	280
251	4.27	750	2131	1.60	396	2923	2.03	454	3400	2.30	491
400	6.83	750	2143	1.85	430	2942	1.99	449	3507	2.62	534
401	9.32	750	2157	3.43	643	2960	2.73	549	3515	1.85	430
771	0.25	214	2172	1.33	360	3004	2.32	493	3548	1.15	335
908	120.40	750	2174	2.48	515	3018	2.17	473	3559	2.20	477
913	296.80	750	2211	4.63	750	3022	2.69	543	3574	0.95	308
917	3.32	628	2220	1.65	403	3027	2.27	486	3581	1.22	345
1005	9.34	750	2286	1.20	342	3028	1.96	445	3612	1.86	431
1016	34.85	750	2288	3.42	642	3030	3.40	639	3620	4.91	750
1164	6.03	750	2300	1.81	424	3040	3.15	605	3629	1.65	403
1165	3.98	717	2302	1.44	374	3041	2.81	559	3632	3.39	638
1320	2.48	515	2305	1.81	424	3042	2.69	543	3634	1.44	374
1322	13.30	750	2361	1.02	318	3064	3.89	705	3635	1.75	416
1430	3.67	675	2362	1.48	380	3069	6.68	750	3638	1.25	349
1438	2.06	458	2380	3.82	696	3076	2.51	519	3642	0.71	276
1452	1.43	373	2386	0.95	308	3081	2.44	509	3643	2.51	519
1463	9.86	750	2388	1.62	399	3082	3.29	624	3647	2.84	563
1472	3.43	643	2402	1.82	426	3085	2.74	550	3648	1.82	426
1624	6.43	750	2413	1.43	373	3110	2.41	505	3681	1.32	358
1642	3.46	647	2416	1.41	370	3111	2.52	520	3685	1.51	384
1654	5.31	750	2417	1.33	360	3113	1.99	449	3719	2.21	478
1655	4.19	746	2501	1.15	335	3114	2.21	478	3724	5.75	750
1699	1.69	408	2503	1.13	333	3118	1.02	318	3726	2.56	526
1701	2.62	534	2534	1.82	426	3119	0.92	304	3803	1.61	397
1710	5.18	750	2570	4.19	746	3122	1.27	351	3807	1.78	420
1741	1.57	392	2585	2.62	534	3126	1.46	377	3808	2.32	493
1745	2.53	522	2586	1.12	331	3131	0.88	299	3821	3.50	653
1747	2.21	478	2587	2.45	511	3132	2.09	462	3822	3.07	594
1748	6.31	750	2589	1.22	345	3145	2.02	453	3824	4.10	734
1803	4.54	750	2600	5.40	750	3146	2.32	493	3826	0.74	280
1852	2.10	464	2623	2.38	501	3169	2.07	459	3827	1.33	360
1853	1.96	445	2651	2.23	481	3175	2.41	505	3830	0.95	308
1860	1.65	403	2660	1.23	346	3179	2.03	454	3851	2.24	482
1924	3.58	663	2670	1.95	443	3180	1.51	384	3865	1.08	326
1925	2.48	515	2683	1.67	405	3188	1.29	354	3881	2.98	582
2001	2.02	453	2688	2.58	528	3220	1.60	396	4000	6.12	750
2002	2.53	522	2701	6.26	750	3223	2.53	522	4021	5.01	750

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4024	1.88	434	4635	4.19	746	5506	3.36	634	7038	5.21	750
4034	5.88	750	4653	1.09	327	5507	5.05	750	7046	22.90	750
4036	2.13	468	4665	5.67	750	5508	8.53	750	7047	7.39	750
4038	1.83	427	4670	3.25	619	5535	6.68	750	7050	9.31	750
4053	2.91	573	4683	4.14	739	5537	4.41	750	7090	5.78	750
4061	3.58	663	4686	1.08	326	5551	12.82	750	7098	25.45	750
4062	1.95	443	4692	0.41	235	5606	1.53	387	7099	41.01	750
4101	1.69	408	4693	0.78	285	5610	5.00	750	7133	3.15	605
4111	2.59	530	4703	2.04	455	5645	10.21	750	7151	3.82	696
4112	0.80	288	4717	1.51	384	5651	7.57	750	7152	6.85	750
4113	1.12	331	4720	4.42	750	5703	82.54	750	7153	4.26	750
4114	1.88	434	4740	1.30	356	5705	4.83	750	7222	8.82	750
4130	3.85	700	4741	1.48	380	5951	0.36	229	7228	6.26	750
4131	2.06	458	4751	1.26	350	6003	9.04	750	7229	6.57	750
4133	2.03	454	4771	1.44	374	6005	6.87	750	7230	3.70	680
4150	1.41	370	4777	1.47	378	6017	3.53	657	7231	4.90	750
4206	3.11	600	4825	0.76	283	6018	1.92	439	7232	11.56	750
4207	0.85	295	4828	1.41	370	6045	2.23	481	7309	20.64	750
4239	1.08	326	4829	1.02	318	6204	9.00	750	7313	5.85	750
4240	2.09	462	4902	1.13	333	6206	5.71	750	7317	9.25	750
4243	1.41	370	4923	0.94	307	6213	7.52	750	7327	27.31	750
4244	2.51	519	5020	6.23	750	6214	2.53	522	7333	4.96	750
4250	1.26	350	5022	4.48	750	6216	5.85	750	7335	5.50	750
4251	1.50	383	5037	17.57	750	6217	4.58	750	7337	8.86	750
4263	1.86	431	5040	23.56	750	6229	4.54	750	7350	17.81	750
4273	1.62	399	5057	16.86	750	6233	4.94	750	7360	6.38	750
4279	1.53	387	5059	20.02	750	6235	13.15	750	7370	4.51	750
4282	1.79	422	5069	25.28	750	6236	10.82	750	7380	3.11	600
4283	1.67	405	5102	3.71	681	6237	2.77	554	7382	2.56	526
4299	1.48	380	5146	4.54	750	6251	7.21	750	7390	3.32	628
4304	2.34	496	5160	3.21	613	6252	5.39	750	7394	10.05	750
4307	1.86	431	5183	3.18	609	6260	4.76	750	7395	11.17	750
4351	0.97	311	5188	4.06	728	6306	5.12	750	7398	18.00	750
4352	0.85	295	5190	2.91	573	6319	5.00	750	7403	2.66	539
4360	0.77	284	5191	1.68	407	6325	4.17	743	7405	1.05	322
4361	1.12	331	5192	3.63	670	6400	6.26	750	7420	23.04	750
4362	0.98	312	5213	6.40	750	6504	2.16	472	7421	2.44	509
4410	2.72	547	5215	3.82	696	6702	6.94	750	7422	2.06	458
4420	3.28	623	5221	4.70	750	6703	12.42	750	7425	3.81	694
4431	1.26	350	5222	10.86	750	6704	7.71	750	7431	1.55	389
4432	1.36	364	5223	4.79	750	6801	10.58	750	7445	0.56	256
4439	1.43	373	5348	3.71	681	6811	4.65	750	7453	0.84	293
4452	2.76	553	5402	4.12	736	6824	30.48	750	7502	2.28	488
4459	1.58	393	5403	8.51	750	6826	11.69	750	7515	0.98	312
4470	2.02	453	5437	4.03	724	6834	3.29	624	7520	2.07	459
4484	1.76	418	5443	3.65	673	6836	5.36	750	7538	9.28	750
4493	2.14	469	5445	4.58	750	6843	13.61	750	7539	3.98	717
4511	0.63	265	5462	4.83	750	6845	20.65	750	7540	2.60	531
4557	1.44	374	5472	4.40	750	6854	4.65	750	7580	1.72	412
4558	1.40	369	5473	6.02	750	6872	17.74	750	7590	4.76	750
4561	1.68	407	5474	6.61	750	6874	36.29	750	7600	2.39	503
4568	2.20	477	5478	4.02	723	6882	4.65	750	7601	10.79	750
4581	1.47	378	5479	7.11	750	6884	10.50	750	7605	3.01	586
4583	4.49	750	5480	7.20	750	7016	4.13	738	7610	0.49	246
4611	0.81	289	5491	1.86	431	7024	4.59	750	7611	4.83	750

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7612	10.77	750	8385	2.21	478	9083	1.48	380			
7613	4.30	750	8392	2.76	553	9084	1.72	412			
7705	2.37	500	8393	1.57	392	9089	1.05	322			
7710	5.31	750	8500	5.82	750	9093	1.29	354			
7711	5.31	750	8601	0.76	283	9101	2.77	554			
7720	2.37	500	8606	2.56	526	9102	2.67	540			
7855	5.71	750	8709	7.34	750	9154	1.78	420			
8001	2.04	455	8719	1.72	412	9156	1.20	342			
8002	2.98	582	8720	1.25	349	9170	2.55	524			
8006	1.78	420	8721	0.36	229	9178	24.05	750			
8008	1.12	331	8726	8.41	750	9179	33.00	750			
8010	1.74	415	8734	0.59	260	9180	3.40	639			
8013	0.45	241	8737	0.53	252	9182	2.48	515			
8015	0.59	260	8738	0.94	307	9186	48.87	750			
8017	1.08	326	8742	0.43	238	9220	3.12	601			
8018	2.31	492	8745	4.20	747	9402	3.95	713			
8021	1.71	411	8748	0.38	231	9403	5.25	750			
8031	3.56	661	8755	0.24	212	9410	1.61	397			
8032	1.46	377	8799	0.88	299	9501	4.03	724			
8033	1.74	415	8800	0.88	299	9505	3.50	653			
8039	1.26	350	8803	0.07	189	9516	2.98	582			
8044	2.53	522	8805	0.31	222	9519	1.68	407			
8045	0.38	231	8810	0.22	210	9521	4.86	750			
8046	2.45	511	8814	0.27	216	9522	1.44	374			
8047	0.98	312	8815	0.49	246	9534	6.41	750			
8058	2.52	520	8820	0.20	207	9554	6.80	750			
8072	0.74	280	8824	2.27	486	9586	0.60	261			
8102	2.32	493	8825	1.93	441	9600	1.50	383			
8103	3.43	643	8826	2.04	455	9620	1.22	345			
8105	4.44	750	8829	2.46	512						
8106	3.51	654	8831	2.41	505						
8107	3.00	585	8832	0.25	214						
8111	3.46	647	8833	0.83	292						
8116	3.85	700	8835	1.81	424						
8203	5.05	750	8842	1.34	361						
8204	4.38	750	8864	1.34	361						
8209	2.74	550	8868	0.35	227						
8215	5.26	750	8869	0.67	270						
8227	2.87	567	8871	0.21	208						
8232	5.78	750	8901	0.24	212						
8233	4.70	750	9012	1.78	420						
8235	3.79	692	9014	2.55	524						
8263	8.57	750	9015	2.21	478						
8264	3.09	597	9016	5.71	750						
8265	8.53	750	9019	2.72	547						
8279	8.19	750	9033	1.81	424						
8288	5.52	750	9040	3.23	616						
8291	1.92	439	9052	1.43	373						
8292	2.73	549	9058	1.64	401						
8293	6.29	750	9059	2.53	522						
8295	6.87	750	9060	1.67	405						
8304	6.33	750	9061	1.27	351						
8350	5.21	750	9063	0.91	303						
8380	3.26	620	9077	3.89	705						
8381	1.37	365	9082	1.47	378						

Cornhusker Casualty Company
Workers' Compensation Manual Rates
Effective July 1, 2008

The rates for Cornhusker Casualty Company are a combination of the current NCCI Advisory Loss Costs and the loss cost multiplier. The Cornhusker Casualty Company Miscellaneous Values are also shown below.

Loss Cost Multiplier
Use the following loss cost multiplier to convert NCCI's advisory loss costs into rates or premiums.

Coverage	Loss Cost Multiplier
Workers' Compensation	1.400

Multiply the Loss Cost Multiplier by the advisory loss cost or pure premium shown on the current NCCI Advisory Loss Costs page for Arkansas. Round the resulting rate or premium to the same number of places as the original loss cost or pure premium shown in the manual. After conversion to a rate or premium, all other rules and factors described in the manual are to be applied as described in the manual.

Expense Constant
Applicable in accordance with Basic Manual Rule VI-E-2 $180.00

Minimum Premiums
To develop the minimum premium for any classification, use the following procedure.

NCCI Advisory Loss Cost	X	Loss Cost Multiplier	X	Minimum Premium Multiplier	+	Expense Constant	=	Minimum Premium

The Minimum Premium Multiplier is the Arkansas Average Annual Wage (00):   135
The Minimum Premium Multiplier for the Per Capita Classes (0908 0909 0912 0913) is: 1
The maximum Minimum Premium is: $750.00
Apply minimum premiums in accordance with Basic Manual Rule VI-F.

Premium Discount Plan
Apply the following premium discounts to Standard Premium in accordance with Basic Manual Rule VII.

First	$5,000	0.0%
Next	$95,000	10.9%
Next	$400,000	12.6%
Over	$500,000	14.4%

Waiver of Premium Rule
Applicable in accordance with NCCI Experience Rating Plan Manual Appendix.

Schedule Rating
See page 5.

Small Deductible Premium Credit Table
Premium credits are shown on page 6.

Foreign Terrorism
The premium charge for Foreign Terrorism is   0.0280 per $100 of payroll

Domestic Terrorism, Earthquake and Catastrophic Industrial Accident Charge
The premium charge for D.T.E.C is   0.0140 per $100 of payroll

Cornhusker Casualty Company
Workers' Compensation Manual Rates
Schedule Rating Plan
Effective July 1, 2008

1. The premium for a risk may be modified in accordance with the list below to reflect such characteristics of the risk that are not reflected in its experience.

2. The amount of schedule credit or debit shall be applied to an experience-rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.

3. This program is not applicable to residual market policyholders covered under the Workers' Compensation Insurance Plan.

Premium Size Eligibility: A policy of any premium size can qualify for schedule rating.

Range of Modification:		Credit	to	Debit
A.	Premises, Conditions, Care	10%	to	10%
B.	Classification Peculiarities	10%	to	10%
C.	Medical Facilities	5%	to	5%
D.	Safety Devices	5%	to	5%
E.	Employees - selection, training, supervision	10%	to	10%
F.	Management			
	- Cooperation with insurer	5%	to	5%
	- Safety organization	5%	to	5%
Maximum Modification:		25%	to	25%

Cornhusker Casualty Company
Workers' Compensation Manual Rates
Effective July 1, 2008

Advisory Loss Elimination Ratios
(applicable to total losses)

Deductible	A	B	C	D	E	F	G
$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Formula for Deductible Credit:	1.000 −	$\dfrac{(1 - kf)E + a + n}{E + a + n}$	
k =	Loss Elimination Ratio		
f =	Safety Coefficient =		0.700
n =	Fixed Expense Provision =		0.020
a =	Loss Adjustment Expense =		0.115
E =	Expected Loss Ratio =		0.600

Premium Credits

Deductible	A	B	C	D	E	F	G
$1,000	7.4%	5.9%	5.1%	4.2%	3.5%	2.5%	1.8%
$1,500	9.1%	7.3%	6.2%	5.3%	4.5%	3.1%	2.3%
$2,000	10.3%	8.4%	7.2%	6.1%	5.2%	3.7%	2.8%
$2,500	11.5%	9.3%	8.1%	6.9%	5.8%	4.2%	3.2%
$3,000	12.5%	10.2%	8.8%	7.5%	6.5%	4.7%	3.5%
$3,500	13.4%	10.9%	9.5%	8.2%	7.0%	5.1%	3.9%
$4,000	14.2%	11.6%	10.2%	8.8%	7.5%	5.5%	4.2%
$4,500	15.0%	12.3%	10.7%	9.3%	8.0%	5.9%	4.5%
$5,000	15.7%	12.9%	11.3%	9.9%	8.5%	6.3%	4.8%

ARKANSAS INSURANCE DEPARTMENT
WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

DATE   05/23/08

1. INSURER NAME____ Cypress Insurance Company

    ADDRESS   50 California Street, 14th Floor

                   San Francisco, California 94111

    PERSON RESPONSIBLE FOR FILING   Keith Engelbrecht, ACAS

    TITLE   Actuary   TELEPHONE NO.   (415) 734-4659

2. INSURER NAIC #:   10855   GROUP #   031

3. ADVISORY ORGANIZATION_____ National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING NO.   NCCI 7/1/2008 Loss Cost Filing AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer rates will be the combination of the prospective loss costs and the loss cost multipliers, and, if utilized, expense constants specified in the attachments.

6A.	PROPOSED RATE LEVEL CHANGE	-12.8%	EFFECTIVE DATE	07/01/08
6B.	PROPOSED PREMIUM LEVEL CHANGE	-12.8%	EFFECTIVE DATE	07/01/08
7A.	PRIOR RATE LEVEL CHANGE	2.7%	EFFECTIVE DATE	01/01/08
7B.	PRIOR PREMIUM LEVEL CHANGE	2.7%	EFFECTIVE DATE	01/01/08

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
        (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:
    ☒   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or drawn by the insurer.

    ☐   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

RF-WC (4-96)

ARKANSAS INSURANCE DEPARTMENT

WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME _____Cypress Insurance Company_____ DATE ____05/23/08____

NAIC NO. _____10855_____ GROUP NO. ____031____

1 Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
☒ Yes ☐ No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2 Loss Cost Modification:
A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
(CHECK ONE):
☐ Without modification (factor = 1.000).
☒ With the following modification(s) (Cite the nature and percent modification, and attach supporting data and/or rationale for
the modification.) Unchanged modification factor from last filing.

B. Loss Cost Modification expressed as a Factor: ____0.895____ (see examples below)

3 Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
impact of premium discount plans, and other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	14.0%
B. General Expense	5.0%
C. Taxes, Licenses & Fees	6.0%
D. Underwriting Profit & Contingencies	0.0%
E. Other (Residual Market Load)	0.0%
F. TOTAL	25.0%

* Explain how investment income is taken into account.

4 A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% – 3F = ____75.0%____
B. ELR in decimal form = ____0.750____

5 Overall Impact of Expense Constant and Minimum Premiums: ____1.020____
(A 2.3% impact would be expressed as 1.023.)

6 Overall impact of size-of-risk discounts plus expense gradation recognition in ____0.951____
in retrospective rating:
(An 8.6% average discount would be expressed as 0.914.)

7 Company Formula Loss Cost Multiplier: ____1.252____
2B / [(6 – 3F) × 5)] =

8 Company Selected Loss Cost Multiplier = ____1.250____
Explain any differences between 7 and 8:
Rounding

9 Are you amending your minimum premium formula? ☐ Yes ☒ No If yes, attach documentation
including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10 Are you changing your premium discount schedules? ☐ Yes ☒ No If yes, attach schedules and
support detailing premium or rate level change.

RF-WC (4-96)

ARKANSAS INSURANCE DEPARTMENT
WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

Page 1 of 2

DATE   05/23/08

1. INSURER NAME____ Cornhusker Casualty Company

    ADDRESS   ____50 California Street, 14th Floor

    ____San Francisco, California 94111

    PERSON RESPONSIBLE FOR FILING   Keith Engelbrecht, ACAS

    TITLE   ____Actuary   TELEPHONE NO.   (415) 734-4659

2. INSURER NAIC #:   20044   GROUP #   031

3. ADVISORY ORGANIZATION____   National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING NO.   NCCI 7/1/2008 Loss Cost Filing AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer rates will be the combination of the prospective loss costs and the loss cost multipliers, and, if utilized, expense constants specified in the attachments.

6A.	PROPOSED RATE LEVEL CHANGE	-12.8%	EFFECTIVE DATE	07/01/08
6B.	PROPOSED PREMIUM LEVEL CHANGE	-12.8%	EFFECTIVE DATE	07/01/08
7A.	PRIOR RATE LEVEL CHANGE	2.7%	EFFECTIVE DATE	01/01/08
7B.	PRIOR PREMIUM LEVEL CHANGE	2.7%	EFFECTIVE DATE	01/01/08

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
    (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

    ☒   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or drawn by the insurer.

    ☐   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

RF-WC (4-96)

ARKANSAS INSURANCE DEPARTMENT

WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME   Cornhusker Casualty Company   DATE   05/23/08

NAIC NO.   20044   GROUP NO.   031

1   Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
    ☒ Yes   ☐   No   If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2   Loss Cost Modification:
    A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
         (CHECK ONE):
    ☒ Without modification (factor = 1.000).
    ☐ With the following modification(s) (Cite the nature and percent modification, and attach supporting data and/or rationale for
       the modification.) _____

    B. Loss Cost Modification expressed as a Factor: 1.000   (see examples below)

3   Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
    impact of premium discount plans, and other supporting information.)

    PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	14.0%
B.	General Expense	5.0%
C.	Taxes, Licenses & Fees	6.0%
D.	Underwriting Profit & Contingencies	0.0%
E.	Other (Residual Market Load)	0.0%
F.	TOTAL	25.0%

    * Explain how investment income is taken into account.

4   A. Expected Loss and Loss Adjustment Expense Ratio:
       ELR = 100% − 3F =   75.0%
      B. ELR in decimal form =   0.750

5   Overall Impact of Expense Constant and Minimum Premiums: 1.020
    (A 2.3% impact would be expressed as 1.023.)

6   Overall impact of size-of-risk discounts plus expense gradation recognition in   0.951
    in retrospective rating:
    (An 8.6% average discount would be expressed as 0.914.)

7   Company Formula Loss Cost Multiplier: 1.399
    2B / [(6 − 3F) × 5)] =

8   Company Selected Loss Cost Multiplier =   1.400
    Explain any differences between 7 and 8:
    Rounding _____

9   Are you amending your minimum premium formula?   ☐ Yes   ☒ No   If yes, attach documentation
    including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10   Are you changing your premium discount schedules?   ☐ Yes   ☒ No   If yes, attach schedules and
    support detailing premium or rate level change.

RF-WC (4-96)

Cypress Insurance and Cornhusker Casualty, members of the Berkshire Hathaway Homestate Companies, are adopting the latest loss costs contained in the N.C.C.I. circular, AR-2008-02.

Effective Date. The proposed effective date of this filing is July 1, 2008.

Loss Cost Multipliers. The loss cost multipliers (LCMs) will remain unchanged. The Cypress LCM is 1.250, while the Cornhusker LCM is 1.400.

Loss Cost Modification Factor for class 2701/7228. We will continue to apply a loss cost modifica-tion factor for the Trucking classes, 2701 and 7228, to reflect our subjective assessment of the inadequacy in the current loss cost of 4.47 relative to the higher hazard risks that this classification contemplates and which we might underwrite. We will continue to apply a factor of 1.150 to the loss cost for these classes. As in the past, we anticipate that our competitive position for this class will allow us to write some risks that would otherwise be written in the residual market at a higher rate.

Manual Rate Pages. The revised rates for both companies are included.

Miscellaneous Values and Small Deductible Credits. The miscellaneous rating values including the premium credit percentages for the small deductible rating plan are included.

A.M. Best Rating. The Cypress Insurance and Cornhusker Casualty Companies have "A++" ratings from A.M. Best. These ratings reflect the strong financial security Cypress and Cornhusker offer to their policyholders.

SERFF Tracking Number:	*CORN-125656276*	*State:*	*Arkansas*
First Filing Company:	*Cypress Insurance Company, ...*	*State Tracking Number:*	*#5631 $50*
Company Tracking Number:	*ARWC07012008*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers Compensation*		
Project Name/Number:	*Arkansas/*		

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Approved	05/30/2008
Bypass Reason:	The necessary information has been included in the 'Rate/Rule Schedule' tab.		
Comments:			

		Review Status:	
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	05/30/2008
Bypass Reason:	Cypress and Cornhusker are simply adopting the latest loss costs with no change to LCMs, therefore we are only including the RF-WC form per filing requirements.		
Comments:			

		Review Status:	
Bypassed -Name:	NAIC loss cost data entry document	Approved	05/30/2008
Bypass Reason:	Cypress and Cornhusker are simply adopting the latest loss costs with no change to LCMs, therefore we are only including the RF-WC form per filing requirements.		
Comments:			

		Review Status:	
Satisfied -Name:	Revised RF-WC Forms	Approved	05/30/2008
Comments:			

See attachment

Attachment:

7.1.08 AR WC - Revised RF-WC Forms - Response to DOI.pdf

ARKANSAS INSURANCE DEPARTMENT

WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME _____Cypress Insurance Company_____ DATE _____05/28/08_____

NAIC NO. _____10855_____ GROUP NO. _____031_____

1   Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
    ☐ Yes ☒ No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2   Loss Cost Modification:
    A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
        (CHECK ONE):
    ☐ Without modification (factor = 1.000).
    ☒ With the following modification(s) (Cite the nature and percent modification, and attach supporting data and/or rationale for
      the modification.) Unchanged modification factor from last filing.

    B. Loss Cost Modification expressed as a Factor: _____0.895_____ (see examples below)

3   Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and other supporting information.)

    PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	14.0%
B.	General Expense	5.0%
C.	Taxes, Licenses & Fees	6.0%
D.	Underwriting Profit & Contingencies	0.0%
E.	Other (Residual Market Load)	0.0%
F.	TOTAL	25.0%

    * Explain how investment income is taken into account.

4   A. Expected Loss and Loss Adjustment Expense Ratio:
       ELR = 100% – 3F =   75.0%
    B. ELR in decimal form =   0.750

5   Overall Impact of Expense Constant and Minimum Premiums: 1.020
    (A 2.3% impact would be expressed as 1.023.)

6   Overall impact of size-of-risk discounts plus expense gradation recognition in   0.951
    in retrospective rating:
    (An 8.6% average discount would be expressed as 0.914.)

7   Company Formula Loss Cost Multiplier: 1.252
    2B / [(6 – 3F) × 5)] =

8   Company Selected Loss Cost Multiplier =   1.250
    Explain any differences between 7 and 8:
    Rounding

9   Are you amending your minimum premium formula?   ☐ Yes ☒ No If yes, attach documentation
    including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10   Are you changing your premium discount schedules?   ☐ Yes ☒ No If yes, attach schedules and
    support detailing premium or rate level change.

RF-WC (4-96)

Class Code 2701

WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME   Cypress Insurance Company   DATE   05/28/08

NAIC NO.   10855   GROUP NO.   031

1   Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
     ☐ Yes ☒ No   If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2   Loss Cost Modification:
     A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
         (CHECK ONE):
     ☐ Without modification (factor = 1.000).
     ☒ With the following modification(s) (Cite the nature and percent modification, and attach supporting data and/or rationale for
         the modification.)   **+15% surcharge applied to the loss cost for cc 2701 (unchanged from last year) - see Filing Memo**

     B. Loss Cost Modification expressed as a Factor: 1.02925   (see examples below)

3   Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
     impact of premium discount plans, and other supporting information.)

     PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	14.0%
B.	General Expense	5.0%
C.	Taxes, Licenses & Fees	6.0%
D.	Underwriting Profit & Contingencies	0.0%
E.	Other (Residual Market Load)	0.0%
F.	TOTAL	25.0%

     * Explain how investment income is taken into account.

4   A. Expected Loss and Loss Adjustment Expense Ratio:
       ELR = 100% − 3F =   75.0%
     B. ELR in decimal form =   0.750

5   Overall Impact of Expense Constant and Minimum Premiums: 1.020
     (A 2.3% impact would be expressed as 1.023.)

6   Overall impact of size-of-risk discounts plus expense gradation recognition in   0.951
     in retrospective rating:
     (An 8.6% average discount would be expressed as 0.914.)

7   Company Formula Loss Cost Multiplier: 1.439
     2B / [(6 − 3F) × 5)] =

8   Company Selected Loss Cost Multiplier =   1.440
     Explain any differences between 7 and 8:
     Rounding

9   Are you amending your minimum premium formula?   ☐ Yes ☒ No   If yes, attach documentation
     including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10 Are you changing your premium discount schedules?   ☐ Yes ☒ No   If yes, attach schedules and
     support detailing premium or rate level change.

Class Code 7228

WORKERS' COMPENSATION INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME _____ Cypress Insurance Company _____ DATE _____ 05/28/08 _____

NAIC NO. _____ 10855 _____ GROUP NO. _____ 031 _____

1   Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
    ☐ Yes ☒ No   If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2   Loss Cost Modification:
    A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
       (CHECK ONE):
    ☐ Without modification (factor = 1.000).
    ☒ With the following modification(s) (Cite the nature and percent modification, and attach supporting data and/or rationale for
      the modification.)   **+15% surcharge applied to the loss cost for cc 7228 (unchanged from last year) - see Filing Memo**

    B. Loss Cost Modification expressed as a Factor: _____ 1.02925 _____ (see examples below)

3   Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
    impact of premium discount plans, and other supporting information.)

    PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	14.0%
B.	General Expense	5.0%
C.	Taxes, Licenses & Fees	6.0%
D.	Underwriting Profit & Contingencies	0.0%
E.	Other (Residual Market Load)	0.0%
F.	TOTAL	25.0%

      * Explain how investment income is taken into account.

4   A. Expected Loss and Loss Adjustment Expense Ratio:
      ELR = 100% − 3F =   75.0%
      B. ELR in decimal form =   0.750

5   Overall Impact of Expense Constant and Minimum Premiums: 1.020
    (A 2.3% impact would be expressed as 1.023.)

6   Overall impact of size-of-risk discounts plus expense gradation recognition in   0.951
    in retrospective rating:
    (An 8.6% average discount would be expressed as 0.914.)

7   Company Formula Loss Cost Multiplier: 1.439
    2B / [(6 − 3F) × 5)] =

8   Company Selected Loss Cost Multiplier =   1.440
    Explain any differences between 7 and 8:
    Rounding _____

9   Are you amending your minimum premium formula?   ☐   Yes   ☒   No   If yes, attach documentation
    including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10   Are you changing your premium discount schedules?   ☐   Yes   ☒   No   If yes, attach schedules and
    support detailing premium or rate level change.